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JC970 U.S. PTO

PATENT APPLICATION
Express Mail Label No. EL436467881US
Attorney Docket No. OR00-14001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT
APPLICATION TRANSMITTAL LETTER

Asst. Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

Sir:

JC912 U.S. PTO
09/741680
12/15/00

Enclosed for filing is an ☒ original patent application or, ☐ a continuation-in-part patent application, by inventor(s) Vipin Samar, entitled METHOD AND APPARATUS FOR MANAGEMENT OF ENCRYPTED DATA THROUGH ROLE SEPARATION.

No. of pages in Application: 19; No. of Claims: 24.

No. of Sheets of Drawings: Formal: 3, Informal: 0.

Also enclosed are:

- ☐ a claim for foreign priority under 35 U.S.C. §§ 119 and/or 365 in
- ☐ a separate document ☐ the declaration;
- ☐ a certified copy of the priority document;
- ☐ an Associate Power of Attorney;
- ☐ ___ verified statement(s) claiming small entity status;
- ☒ a Combined Declaration and Power of Attorney of the inventors(s);
- ☐ a signed Combined Declaration and Power of Attorney of the inventors will follow;
- ☒ an Assignment document and form PTO-1595;
- ☒ a Power of Attorney by Assignee; and
- ☐ Information Disclosure Statement and Form PTO-1449.

The fee has been calculated as follows:

| CLAIMS | | | | | |
|--|------------------|---------------|-----------------|----------|-----------------|
| | NO. OF CLAIMS | | EXTRA CLAIMS | RATE | FEE |
| Basic Application Fee | | | | | \$710.00 |
| Total Claims | 24 | MINUS 20 = | 4 | \$18.00= | \$72.00 |
| Independent Claims | 3 | MINUS 3 = | 0 | \$80.00= | \$0.00 |
| If multiple dependent claims are presented, add \$260.00 | | | | | 0 |
| Total Application Fee | | | | | \$782.00 |
| If verified statement claiming small entity status is enclosed, subtract 50% of Total Application Fee | | | | | |
| Add Recording Fee of \$40.00 if Assignment document is enclosed | | | | | \$40.00 |
| TOTAL APPLICATION FEE DUE | | | | | \$822.00 |

- ☒ [X] A check in the amount of \$ 822.00 is enclosed.
- ☐ [] Application fee will follow with missing parts.
- ☒ [X] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003.

Please direct all correspondence concerning the above-identified application to the following address:

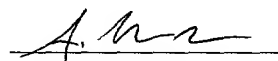
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Respectfully submitted,

By


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Date: December 15, 2000